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FORM 5

Rev 09/14
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State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT
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DE	ET	OE	ES

Document Number:

400747323

Date Received:
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This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type   ☒ Final completion   ☐ Preliminary completion

OGCC Operator Number: 66190   Contact Name: Joe Don Glassey

Name of Operator: OMIMEX PETROLEUM INC   Phone: (817) 460-7777

Address: 7950 JOHN T WHITE ROAD   Fax: (817) 460-1381

City: FORT WORTH   State: TX   Zip: 76120

API Number   05-095-06469-00   County: PHILLIPS

Well Name: Sagehorn   Well Number: 14-34-6-45

Location: QtrQtr: SESW   Section: 34   Township: 6N   Range: 45W   Meridian: 6

Footage at surface: Distance: 734 feet   Direction: FSL   Distance: 1901 feet   Direction: FWL

As Drilled Latitude: 40.441650   As Drilled Longitude: -102.371340

GPS Data:

Date of Measurement: 01/01/2015   PDOP Reading: 1.6   GPS Instrument Operator's Name: Adam Beauprez

** If directional footage at Top of Prod. Zone   Dist.:____ feet. Direction:____   Dist.:____ feet. Direction:____

Sec:____   Twp:____   Rng:____

** If directional footage at Bottom Hole   Dist.:____ feet. Direction:____   Dist.:____ feet. Direction:____

Sec:____   Twp:____   Rng:____

Field Name: BALLYNEAL   Field Number: 1970

Federal, Indian or State Lease Number:_____

Spud Date: (when the 1st bit hit the dirt)   12/07/2014 Date TD: 12/09/2014 Date Casing Set or D&A: 12/09/2014

Rig Release Date: 12/09/2014 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

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Total Depth   MD   2698   TVD**_____   Plug Back Total Depth   MD   2616   TVD**_____

Elevations   GR   3865   KB   3871   **Digital Copies of ALL Logs must be Attached per Rule 308A**   ☒

List Electric Logs Run:

Caliper, Directional Survey, Porosity, Resitivity, Trip-Comb, LAS, CBL

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7	20	0	495	285	0	495	VISU
1ST	6+1/4	4+1/2	10.5	0	2,659	171	0	2,659	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	2,460	2,500	NO	NO	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____   Print Name: Joe Don Glassey

Title: Petroleum Eng. Tech   Date: _____   Email: joe_glassey@omimexgroup.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name	Yes		No	
400769133	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
400751475	Other	Yes	☒	No	☐

Other Attachments

Att Doc Num	Document Name	Yes		No	
400751442	LAS-	Yes	☒	No	☐
400751445	PDF-CALIPER	Yes	☒	No	☐
400751454	PDF-DIRECTIONAL SURVEY	Yes	☒	No	☐
400751459	PDF-INDUCTION	Yes	☒	No	☐
400751467	PDF-NEUTRON	Yes	☒	No	☐
400751473	PDF-TRIPLE COMBINATION	Yes	☒	No	☐
400755634	PDF-CEMENT BOND	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)